

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93e

10338

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County

Somerset

City or town

Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7.5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George W. Brown

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Caucasian

Married

6. (b) Name of husband or wife

Willie Brown

7. Birth date of deceased (mo., day, yr.)

Feb 11 1858

6. (c) If alive, give age years

8. AGE:

Years Months Days If less than one day

89 9

hrs. min.

9. Birthplace

Somerset County

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Frank Brown

12. Name

Md

13. Birthplace

Sarah Rose

14. Maiden name

Somerset Co

15. Birthplace

Mrs. Willie Brown

16. Informant

Princess Anne

Address

Date thereof 900-13-1947

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory

Monoken

Location

Princess Anne

18. Funeral director

R. M. Smith

Address

Princess Anne

19. " / " 1947

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Somerset Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10th 1947 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on

Immediate cause of death Dysentery

Accident Death of child

19.

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Smith M. D. or other

Address Princess Anne signed 11/11/47

~~RECEIVED~~

NOV 12 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

10339

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Marion Station

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 years

Hospital, Institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

Cora Cannon

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female Colored Married

6.(b) Name of husband or wife Samuel J. Cannon

7. Birth date of deceased (mo., day, yr.)

NC

6.(c) If alive, give age

73

years

8. AGE: Years Months Days If less than one day

57

7

5

hrs. min.

9. Birthplace Henderson, N.C.

(Town, county, and state)

10. Usual occupation General housewife

11. Industry or business

Edward C Heatham

12. Name.....

Henderson N.C.

13. Birthplace.....

Unknown

14. Maiden name.....

Henderson N.C.

15. Birthplace.....

Samuel J. Cannon

16. Informant.....

Marion, Md

Address.....

Burial

(Burial, cremation, or removal. Which?)

Date thereof November 23 1947

(month) (day) (year)

Cemetery or crematory

Branch Cemetery

Location.....

Geo. W. Tilghman

18. Funeral director.....

Marion Station Md.

Address.....

Nov. 21, 1947 Nellie Dryden

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Marion Station

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1947 at 10:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1 1947 to Nov. 19 1947

and that I last saw her alive on Nov. 15 1947

Immediate cause of death

Crown fracture.

Due to Child abuse 2 years

Due to Domestic violence 1 year

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George O'Connell M.D.

M. D. or other

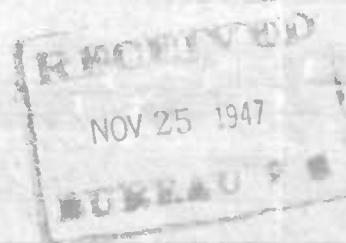
Address Marion Station 21, 1947

Date signed Nov. 21, 1947

STATION TO THE STATE BOARD OF EDUCATION

RECEIVED IN THE

STATION TO STATION



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10340

CERTIFICATE OF DEATH

Reg. Dist. No.

265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 days

Hospital, institution or street address where death occurred:

McCready Memorial Hospital

How long in hospital or institution?

3 days

3. (a) FULL NAME

James C. Carver

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Elizabeth Carver

7. Birth date of deceased (mo., day, yr.)

September 7 1865

8. AGE:

Years

Months

Days

If less than one day

82 1 28 hrs. min.

9. Birthplace

Wicomico Somerset, Md.

(Town, county, and state)

10. Usual occupation.

11. Industry or business

Merchant

12. Name

Pete Carver

13. Birthplace

Maryland

14. Maiden name

Elizabeth Matthews

15. Birthplace

Maryland

16. Informant

Elizabeth Carver

Address

Wicomico, Maryland.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month day year)

Cemetery or crematory

Elizabeth Baptist Ceme.

Location

Bethel, Maryland.

18. Funeral director

Henry S. Wilson

Address

Post Office Box 732

19. Date rec'd by registrar

Nov. 8, 1947

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

County

Somerset

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 7 1947 at 3:15 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1 1947 to November 7 1947

and that I last saw him alive on Nov. 7 1947

Immediate cause of death

Acute Del 7 Year

Due to

Oncs Out neglect

also progressive

Due to

Boreoles Cerebellus

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George Schellman Jr.

M. D. or other

Address

Brown St. No.

Date signed

Nov. 8 1947

RECEIVED

NOV 13 1947

✓ PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore18341
596

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

Somerset
County
Crisfield

(If outside city or town limits, write RURAL and give nearest town)

30 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

7 N. First St.

How long in hospital or institution?

Died at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County Somerset

City or town
(If outside city or town limits, write RURAL and give nearest town)Crisfield Street No.
7 N. First St.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3.(a) FULL NAME

HENRY FRANCIS COLLINS

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Mannie Collins

7. Birth date of deceased (mo., day, yr.)

June 9, 1878

6.(c) If alive, give age years

65

8. AGE:

Years
69Months
5Days
9

If less than one day

hrs. min.

9. Birthplace

Fairmount-Somerset-Md.

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Seafood

MOTHER FATHER

James Collins

12. Name

Unknown

13. Birthplace

Mollie Franklin

14. Maiden name

Unknown

15. Birthplace

Franklin Collins

16. Informant

Crisfield, Maryland

Address

Burial Date thereof Nov 21, 1947

17. (Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Sunny Ridge Mem Park

Location

Hopewell, Crisfield, Md.

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Maryland

19. Nov. 20
(Date rec'd by registrar)

19. 47

Janice E. Spina
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County Somerset

City or town
(If outside city or town limits, write RURAL and give nearest town)Crisfield Street No.
7 N. First St.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1947 at 7:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19, 1946, to November 19, 1947

and that I last saw him alive on November 18, 1947

Immediate cause of death

Congestive heart failure

Atrial arrhythmia heart block

Due to arthritis, hypertrophic 10 years

DURATION

2 weeks

4 days

10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE C. S. Rawley M.D.

M. D. or other

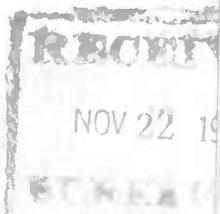
Address Crisfield, Md. Date signed 11-20-47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Direct age
is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

10342

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? All life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Bessie & Caroline Coulbourn

3. (b) Social Security Number

Sex Female Color race White

6. (a) Single, married, widowed, or divorced Single

Female White Single

6. (b) Name of husband or wife Rose

7. Birth date of deceased (mo./day/yr.) 17 July 1884

6. (c) If alive, give age years

8. AGE: Years 63 Months 4 Days 11 If less than one day ✓ hrs. ✓ min.

9. Billing place 320 Main St. Crisfield Md

10. Usual occupation Her House Keeper

11. Industry or business Isaac Henry W. Coulbourn

12. Father's name R. F. Marion Station Md

13. Birthplace Anne Estelle Roach Hopewell Station Md

14. Maiden name S. Henrietta Coulbourn

15. Address 320 Main St. Crisfield Md

16. Informant Burial

17. (Burial, cremation, or removal. Which?) Date thereof Dec. 1, 1947

Cemetery or crematory St. Peters Cemetery

Location RURAL, Crisfield Md.

18. Funeral director J. Harvey Bradshaw

Address Crisfield Md.

19. Date Dec. 1, 1947 Janice E. Spindler

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield (If outside city or town limits, write RURAL and give nearest town)

Street No. 320 Main St (If rural, give LOCATION)

2. (a) If veteran, name w/ World War One

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1947 (258 PM)

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

November 22 1947 to November 28 1947

and that I last saw her alive on November 28 1947

Immediate cause of death Influenza. Bronchitis

Due to Coronary occlusion

acute & de 34x

Due to Cerebral embolism

Other conditions

Duration

(Include pregnancy within 3 months of death)

Major findings or operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of 1947

Where did injury occur? none (City or town) (County) (State)

Injured at home, farm, industry, public place (where)

Means of injury Natural death

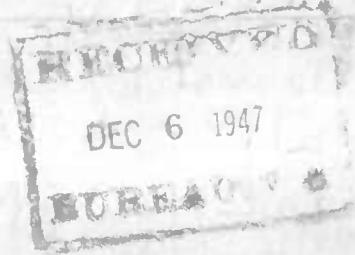
Cause of death

23. SIGNATURE George Coulbourn

M. D. or other

Address Merion St. Md Date signed Nov 29 1947

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1900

10343

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County

Somerset

City or town

Eden

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Decream Cat

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Single

6. (b) Name of husband or wife

B. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Dec 15 1902

8. AGE:

Years
44Months
11Days
13

It less than one day

hrs.

min.

9. Birthplace

Allen, Wicomico Co. Md

(Town, county, and state)

10. Usual occupation

Truck Driver

11. Industry or business

MOTHER FATHER

Louis Cat

12. Name

Wicomico Co. Md

13. Birthplace

Mary Ariston

14. Maiden name

Wicomico Co. Md

15. Birthplace

Mrs Louis Cat

16. Informant

Address

318 Anne St. Salisbury Md

17. Burial

Date thereof Nov 26 1947
(Burial, cremation, or removal? Which?)

Cemetery or cremator

Allen Cemetery

Location

Allen, Maryland

18. Funeral director

Wilson Funeral Home

Address

Princess Anne Rd.

19. (To be filled by registrar)

11/30/47 R.S. Johnson M

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Allen (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28, 1947 at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

dead on my arrival
following train accident
and that I last saw him alive on Nov 28, 1947

Immediate cause of death External Hemorrhage DURATION

+ shock due to laceration of
superorbital region, locationDue to of neck + lower right jaw
Crushed chest fracture back,
Due to right + left leg

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Accident Date of 11/28/47

Where did injury occur? Eden Somerset Maryland
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public Crossing

Means of Injury Train truck truck injured at work?

D. SIGNATURE

George Blalock M.D.
acting Deputy Medical Examiner
Marion, Md. Date signed 11/29/47

RECEIVED

DEC 4 1947

BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10344

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

25 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

822 W. Main St.

How long in hospital or institution?

3. (a) FULL NAME

Ruby Lee Culbertson

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife Albert Culbertson

7. Birth date of deceased (mo., day, yr.)

December 2 - 1910

6.(c) If alive, give age 45 years

8. AGE:

Years 97

Months 10

Days 8

If less than one day

hrs.

min.

9. Birthplace

Rehoboth-Somerset-Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER FATHER

12. Name

John Collins

13. Birthplace

Saxis Island, Va.

14. Maiden name

Sallie Powell

15. Birthplace

Rehoboth, Md.

16. Informant

Albert Culbertson

Address

Crisfield, Md.

17. Burial

Date thereof Nov 12, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Mariners Cemetery

Cemetery or crematory

Rural, Crisfield, Md.

Location

H. Harvey Bradshaw

18. Funeral director

Crisfield, Md.

Address

19. 11/15 47

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Somerset

City or town

Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

822 W. Main St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 10

19

47

200 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 21 1947 to Nov 9 1947

and that I last saw her alive on Nov 9-1947

Immediate cause of death

Acute Cardiac

Diseitation

Due to

Carcinoma &

Breast Metastases

Due to

Liver & Lungs

& Abdominal

Other condition

Organs

DURATION

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

no

Date of

Where did injury occur

-

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

-

-

-

Means of Injury

-

-

-

23. NATUR

d. Due to other

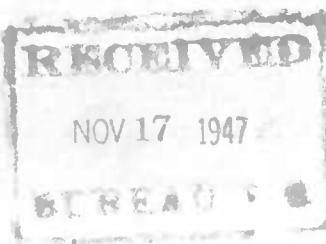
Cause

Address

-

-

11-1-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10345

46

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County.....

Somerset

City or town.....

Upper Hill

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

6 years

Hospital, Institution, or street address where death occurred:.....

How long in hospital or Institution?.....

3. (a) FULL NAME

John T Justice

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

C

Married

6. (b) Name of husband or wife.....

Edith M Justice

7. Birth date of

deceased (mo., day, yr.)

4881 June 12

8. AGE:

Years

Months

Days

11 less than one day

66

5

15

hrs. min.

9. Birthplace.....

Pacomtch City Worcester Co Md

(Town, county, and state)

10. Usual occupation.....

Labor

11. Industry or business

FATHER

12. Name.....

John T Justice

13. Birthplace

Pacomtch City Worcester Co

MOTHER

14. Maiden name.....

Annie Moseley

15. Birthplace

Pacomtch City Worcester Co

16. Informant.....

Edith M Justice

Address

Upper Hill Md

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof. PER 30 1987

(month) (day) (year)

Cemetery or crematory.....

Upper Hill Md

Location

Upper Hill Md

18. Funeral director.....

Charles H Ward

Address

Marion P. Long

19.

(Date recd by registrar)

19.

X. D. Johnson

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Somerset

City or town.....

Upper Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

Nov. 27 1947 at 9:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1 1947 to Nov. 27 1947.

and that I last saw h..... alive on Nov. 25 1947.

Immediate cause of death..... caronoma

as Liver

DURATION

6 months

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

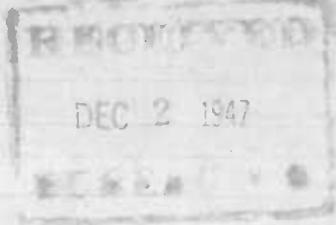
Injured at work?

23. SIGNATURE.....

Frank Matus LHD

M. D. or other

Address..... Princess Anne Date signed 1/28/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10346
169

CERTIFICATE OF DEATH

Reg. Dist. No. 269

1. PLACE OF DEATH:

County - Somerset
 City or town - Upper Fairmount
 (If outside city or town limits, write RURAL NEAR and give town)
 Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all of life

3. (a) FULL NAME

Sarah E. Ford
 Female White Single

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

May 9, 1863

8. AGE: Years

Months

Days

If less than one day

84

6

1

hrs.

min.

9. Birthplace

Upper Fairmount, Somerset Co., Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

Mrs. T. Ford

Maryland

Harriet E. Muir

Somerset Co., Md.

Mrs. Melissa Ford

Upper Fairmount, Md.

Burial Date thereof Nov. 12, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Muir's

Location Upper Fairmount, Md.

Harry B. Miles

Address Upper Fairmount, Md.

11/12/47 R.H. Johnson, Jr. D.

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State - Md. County - Somerset

City or town - Upper Fairmount Ward No.

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10^a 1947 at 1 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1^b 1947 to Dec. 10^c 1947 and that I last saw her alive on Nov. 10^d 1947.

Immediate cause of death

Carcinoma Pancreas

DURATION

Due to

Due to

Other conditions

Congenital

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

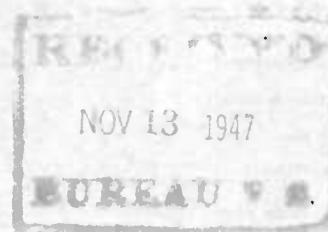
Injured at work?

23. SIGNATURE

M. D. or other

Address Princess Anne, Md. Date signed

RECEIVED NO READING LISTED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10347

468

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County.....

City or town.....

Somerset

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

4 years

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Flora Jones

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female C widowed

6.(b) Name of husband or wife.....

Almonius Jones

7. Birth date of deceased (mo., day, yr.)

Aug 6 1898

6.(c) If alive, give age

years

8. AGE:

Years	Months	Days	If less than one day
49	3	11	hrs. min.

9. Birthplace.....

Greenville agecomb co, N.C.

(Town, county, and state)

10. Usual occupation.....

House work

11. Industry or business

Louis Cherry

MOTHER FATHER

Greenville agecomb co, N.C.

14. Maiden name.....

Jane Chance

15. Birthplace.....

Greenville agecomb co, N.C.

16. Informant.....

Geo Johnson

Address.....

Chance Md

Burial.....

Cemetery or crematory.....

Date thereof Nov 19 1947

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Location.....

Chance Md

18. Funeral director.....

Charles T. Ward

Address.....

Marion

19. 11/17 47

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Somerset

City or town.....

Chance

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 16 1947 at 89

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 10 1947 to Nov 10 1947.

and that I last saw her alive on Nov 10 1947.

Immediate cause of death.....

Carcinoma

Liver

Due to.....

Due to.....

Other condition.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

Frank Madas M.D.

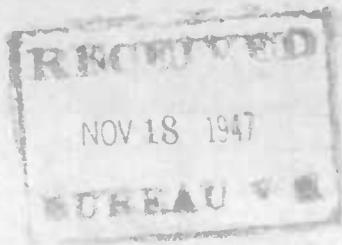
M. D. or other

Registration Address.....

Princeton

Date signed.....

11/17/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of death, clearly and legibly.
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

10348

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County

Westover

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

14 years

Hospital, Institution or street address where death occurred:

at home

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Mary Lankford

7. Birth date of deceased (mo., day, yr.)

Nov 15, 1873

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

94

0

14

hrs.

min.

9. Birthplace

Somerset Co. Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Perry Lankford

12. Name

Somerset Co. Md.

13. Birthplace

Alice Coulbourn

14. Maiden name

Somerset Co. Md.

15. Birthplace

Mrs C. W. Ford Jr.

16. Informant

Westover Maryland

Address

Burial

Date thereof 1 Dec 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. Andrew Cemetery

Location

Princess Anne Md.

18. Funeral director

Wilson Funeral Home

Address

Princess Anne Md.

19. (Date rec'd by registrar)

R. S. Johnson M.D.

12/1/47

90.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Westover

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1947 at 19

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on

Immediate cause of death

Natural causes

Coming on set

Due to Acute heart disease

Cause of death

Acute myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. G. Coulbourn M.D. or other

Address Acting Deputy Medical Examiner

Marion Md. Date signed 1/1/48

RECEIVED

DEC 4 1947

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of the information given is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

10349

166

CERTIFICATE OF DEATH

Reg. Dist. No. 2621

1. PLACE OF DEATH:

Com. *Somerset*
City or town *Cuthbert - near Pocono City Md.*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Willie C. Melvin

4. Sex

M

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

Singer

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *unknown* years8. AGE: Years *40* Months *28* Days *0* If less than one day hrs. *0* min. *0*

9. Birthplace

(Town, county, and state) *Cuthbert Ga.*

10. Usual occupation

11. Industry or business

unknown

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof *Nov. 26, 1946*
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Nov 26 1947 Mrs Clayton Davis

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Ga.* County *Cuthbert*City or town *Cuthbert*
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

*Nov 22*1947 at *34*

21. I CERTIFY that death occurred on the date above stated; that attended deceased from

Nov 22 1947 *in dead* *11/22* 1947and that I last saw him *alive* *11/22* 1947

Immediate cause of death

Bullet wounds in chest
abdomen neck

Due to

Pistol shots

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Homicide* Date of *11/22/47*Where did injury occur *Cuthbert New Smoke* (City or town) *Somerset* (County) *MD* (State)

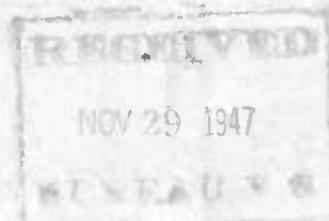
Injured at home, farm, industry, public place (where?)

Means of injury

*Pistol*Injured at work? *No*

23. SIGNATURE

R. Gartner M.D.
Address *Pocono City Md.* Date signed *11/23/47*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

10350

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Somerset

Crisfield

City or town. (If outside city or town limits, write RURAL and give nearest town)

55 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

335 Chesapeake Ave.

How long in hospital or institution? // / / / /

3. (a) FULL NAME

HARRY PARKS

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Dollie Maddrix

7. Birth date of deceased (mo., day, yr.)

March 24, 1881

6.(c) If alive, give age years

62

8. AGE: Years

Months

Days

If less than one day

66

7

26

hrs. min.

9. Birthplace

Fairmount-Somerset-Md.

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Seafood

MOTHER FATHER

Unknown

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Kathryn Parks

15. Birthplace

Fairmount, Md.

16. Informant

John W. Parks

Address

Crisfield, Md.

17. Cemetery or crematory

Burial Date thereof Nov 23, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Sunny Ridge Mem Park

Location

Hopewell, Crisfield, Md.

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Maryland

19. (Date rec'd by registrar)

11/24/47

1947

Janice E. Spiree

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. 335 Chesapeake Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war // / / / /

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 20 1947 at 2:35 PM

I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 6 1947 to Nov. 20 1947

and that I last saw him alive on Nov. 20 1947

Immediate cause of death

Coronary occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Grisfield, Md. Date signed Nov. 20, 1947

RECEIVED

NOV 28 1947

PTO-4



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10351

95c

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:

County..... SomersetCity or town..... Cresfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? Death

3. (a) FULL NAME

Aaron J. Sterning

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male White Married6.(b) Name of husband or wife..... Ruth 917. Birth date of deceased (mo., day, yr.) August 26 18878. AGE: Years 60 Months 2 Days 21 If less than one day

hrs. min.

9. Birthplace..... Cresfield

(Town, county, and state)

10. Usual occupation..... Mereman11. Industry or business..... Retired12. Name..... Loren John Sterling13. Birthplace..... MD14. Maiden name..... Mary Hundley15. Birthplace..... De16. Informant..... Ruth J. SterningAddress..... Cresfield MD17. Interment..... Date thereof Nov 18 47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Sterling RidgeLocation..... Cresfield MD18. Funeral director..... W. D. Rawley + LexingtonAddress..... Cresfield MD19. 11/17/47 (Date rec'd by registrar)

(Date of death)

Registrar..... Janice S. Price

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... MDCounty..... SomersetCity or town..... Cresfield

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Main

ST (If rural, give LOCATION)

2.(a) If veteran, name war..... World War I

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov 16 1947 at 10 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1946 to Nov 16 1947and that I last saw him alive on Nov 16 1947

Immediate cause of death.....

Acute dilatation of heart
Cardiac decompensationDuration.....
2
2 weeks.

Due to.....

Due to..... Paralysis agitans
MalnutritionDuration.....
20 yrs.
3 mo.

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... None

Date of op.....

Autopsy results..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... C. G. Rawley M.D.

M.D. or other

Address..... CresfieldDate signed..... 11/17/47

RECEIVED

NOV 20 1947

BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

10352

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset

County

Crisfield

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death Lifetime

Hospital, institution, or street address where death occurred:

McCready Mem. Hospital

How long in hospital or institution?

3. (a) FULL NAME

John David Swift

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Leona Parkinson

7. Birth date of deceased (mo., day, yr.)

December 14, 1901

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

46

10

24

hrs.

min.

9. Birthplace

Crisfield-Somerset-Md.

(Town, county, and state)

10. Usual occupation

Waterman-Farmer

11. Industry or business

Seafood

MOTHER FATHER

Charlie Swift

13. Birthplace

Somerset Co., Md.

14. Maiden name

Polly Diggs

15. Birthplace

Somerset Co., Md.

16. Informant

Mrs. Rita Wilson

Address

Crisfield, Md.

17.

Burial Date thereof

Nov 10, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Sunny Ridge Cemetery

Location

Hopewell, Crisfield, Md.

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Md.

19.

Nov. 9th 47

(Date rec'd by registrar)

Nellie Dryden

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Somerset

City or town Rural, Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. Jacksonville Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

November 8, 1947, a.m. 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Det 25

1947 to Nov 8, 1947

and that I last saw her alive on Nov 7, 1947

Immediate cause of death

Consuming alcohol

Due to: Dextrose Saline

w/ Laxative cathart

Due to:

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

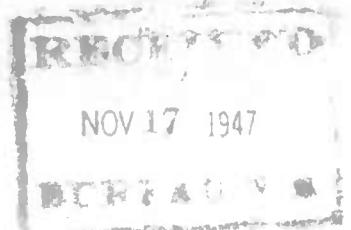
23. SIGNATURE

Doris G. Bradshaw, M.D.

M. D. or other

Address

Marine St. Md. Date signed Nov 9-47



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

10353

Reg. Dist. No. 265

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Somerset

City or town On boat nr Ewell, Md.

(If outside city or town limits, write RURAL and give nearest town)

Few hours

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Aboard boat

How long in hospital or institution? //

3. (a) FULL NAME

John Thomas Tyler

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Minerva Evans Tyler

7. Birth date of deceased (mo. day, yr.)

January 26, 1880

6.(c) If alive, give age years

62

8. AGE:

Years
67Months
9Days
9

If less than one day

hrs.

min.

9. Birthplace

Fairmount, Md.

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Fish-Oysters

12. Name

John Thomas Tyler

13. Birthplace

Fairmount, Maryland

14. Maiden name

Eliza Thomas

15. Birthplace

Tilghman Island, Md.

16. Informant

Mrs. Minerva Tyler

Address

Ewell, Maryland

17. Burial

Date thereof

Nov 9, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Ewell Methodist Cem.

Cemetery or crematory

Ewell, Smith Island, Md.

Location

H. Harvey Bradshaw

18. Funeral director

Crisfield, Maryland

Address

19. Nov 11

1947

(Date rec'd by registrar)

Janice E. Spies
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Ewell, Smith Island

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 5 1947 at 11:58 A.M.

I CERTIFY that death occurred on the date above stated, that I attended deceased from

was sick when I

and that I last saw was well

Immediate cause of death

Coronary Thrombosis

Due to

Natural Death

William H. Coulbourn, M.D.

(Include pregnancy within 3 months of death)

DEPUTY MEDICAL EXAMINER

FOR SOMERSET COUNTY, MD.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

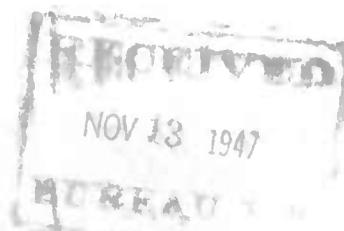
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Janice E. Spies
Crisfield, MD 11-8-47
Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10354

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. True correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
Somerset

County.....

Ewell

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lacy West Tyler

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 6, 1890

8. AGE: Years Months Days If less than one day
57 10 21 hrs. min.9. Birthplace Ewell-Somerset-Maryland
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seafood industry

12. Name Lacy Tyler

13. Birthplace Smith Island, Maryland

14. Maiden name Mary Jones

15. Birthplace Smith Island, Maryland

16. Informant Mrs. Ida Tyler Bardshaw

Address Ewell, Maryland

17. Burial Date thereof Nov. 30, 1947
(Burial, cremation, or removal. Which?)

Cemetery or crematory Ewell Cemetery

Location Ewell, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. Dec. 4 1947
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Ewell
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war First World War

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27 1947 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him on

Immediate cause of death

as was called

Bordury

Inhalation

Due to

Other conditions

William H. Coulbourn, M.D.

DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

John H. Coulbourn, M.D.

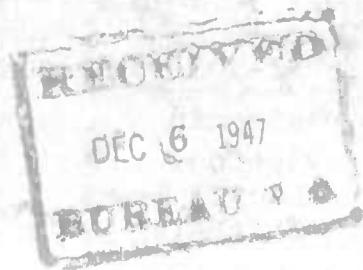
Crisfield, MD Date of death

Dec. 4 1947

23. SIGNATURE D. or S. or

Address

Crisfield, MD Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

528

10355

Reg. Dist. No. 265

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Somerset

Crisfield

(If outside city or town limits, write RURAL and give nearest town)

30 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

231 N. Somerset Ave.

How long in hospital or institution? //

3. (a) FULL NAME

Sarah Ann Walters

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

William James Walters

Deceased

6.(c) If alive, give age years

February 13, 1876

7. Birth date of deceased (mo., day, yr.)

deceased

Years

Months

Days

It less than one day

71

9

13

hrs.

min.

8. AGE:

Years

Months

Days

It less than one day

71

9

13

hrs.

min.

9. Birthplace

Bloodsworth-Dorchester-Md

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER FATHER

12. Name

John Holiday

13. Birthplace

Unknown

14. Maiden name

Mary Bloodsworth

15. Birthplace

Dorchester Co., Md.

16. Informant

Matthew Walters

Address

Crisfield, Md.

17. Burial

Date thereof

Nov. 28, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Onancock Cemetery

Location

Onancock, Virginia

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Maryland

19. Date rec'd by registrar

11/28/47

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. 231 N. Somerset Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

111111111

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Nov. 26

1947 at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 26, 1947, to

Nov. 26, 1947.

and that I last saw h. m. alive on Nov. 26, 1947.

Immediate cause of death

Tremia

Due to carcinoma of bladder

10 yrs.

This patient was under the care of another physician who was out of town when death occurred. Being the last physician to see the patient, the death certificate is therefore my responsibility. My diagnosis as to the immediate cause of death was made on the same day that patient died.

C. S. Rawley M.D.

23. SIGNATURE

C. S. Rawley M.D.

M.D. or other

Crisfield, Md. Date signed 11/28

RECEIVED

DEC 4 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

10356

Reg. Dist. No.

265

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

67 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or Institution?.....

3. (a) FULL NAME

Sarah Olivia Ward

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Fem

C

Married

6.(b) Name of husband or wife

James T. Ward

.....(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Dec 4 1879

8. AGE:

Years

Months

Days

If less than one day

67 11 20

hrs.

min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

November 24 1947

I CERTIFY that death occurred on the date above stated; that I attended deceased from

she was dead when

and that I last saw her

Immediate cause of death

Hysterectomy

Due to

Coronary occlusion

Other conditions

Natural death

(Include pregnancy in 3 months of death)

Major findings of operations

William H. Coulbourne M.D.

DEPUTY MEDICAL EXAMINER

FOR SOMERSET COUNTY, MD.

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Injury at work?

Means of injury

By my hand

Signature

M. D. Coulbourne

Address

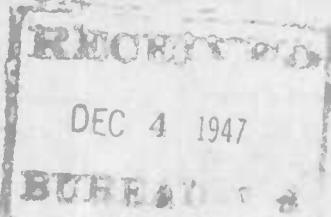
Somerset Co., MD.

Date signed

Nov 25 1947

19 Nov. 28th 1947 Nellie Dryden

Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

838

CERTIFICATE OF DEATH

10357

Reg. Dist. No. 260

1. PLACE OF DEATH:

County... *Somerset*City or town... *Maryokin*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John A Wilson

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

Cal

Married

6.(b) Name of husband or wife.

Nora Wilson

7. Birth date of deceased (mo., day, yr.)

June 10-1891

6.(c) If alive, give age... 54 years

8. AGE:

Years 56 Months 3 Days 33 If less than one day hrs. min.

9. Birthplace

Maryokin Somerset Co Md

(Town, county, and state)

10. Usual occupation.

Postes

11. Industry or business

12. Name

Lambert A Wilson

MOTHER

FATHER

13. Birthplace

Maryokin Somerset Co

14. Maiden name

Mary H Tupper

15. Birthplace

Maryokin Somerset Co

16. Informant

Maud S Jones

Address

Edmington, Somerset Co Md

17. Burial

Burial Nov 9-1947

Date thereof (month) (day) (year)

(Burial, cremation, or removal. Which?)

*Cemetery or crematory**Samuel Wesley Cemetery*

Location

Maryokin Md.

18. Funeral director

Charles H Ward

Address

Maryokin R.R. Johnson M

19. (Date rec'd by registrar)

19

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State... *Md*County... *Somerset*City or town... *Maryokin*

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Nov. 3 1947

1947 at 12:05:59

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1947 to Oct 21 1947 and that I last saw him alive on Oct 21 1947

Immediate cause of death

*Cardiac**Thrombosis*Due to *Hydropsy and edema*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Frank M. Ward

M. D. or other

Address *Greens Anne* Date signed *11-4-60*

